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Poor family relationships are known to be a factor contributing to emotional disturbances in children. It was postulated that there is greater lack of communication between emotionally disturbed children and their mothers than exists between normal children and their mothers. It was further postulated that such lack of communication exists only between the disturbed child and his mother, and does not extend to other, normal, children in the family.

A group of ten families with hospitalized disturbed children and normal siblings was tested along with ten control families. Mothers were asked to predict the children's self-ratings. Both the disturbed children and their normal siblings were asked to rate themselves. Mothers were also asked to describe how they would like each of their children, ideally, to be. Each child, in turn, was asked what he thought his mother's responses to the questions would be.

Mothers tended to rate disturbed children lower than normal children. Disturbed patients were unable to predict their mothers' responses. Both groups of mothers tended to expect socially desirable behavior of their children, indicating that mothers of disturbed children are not "out of it," as is so many times assumed. Family disturbances are a more probable cause of emotional upset than are disturbances specific to a mother-child pair. Disturbed children tend not to know what their mothers expect of them.

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A Study of Patterns of Understanding between Disturbed and Non-Disturbed Adolescents and their Mothers

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(Paper presented at Society for Research in Child Development Meetings, Spring, 1965)

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Gratch, Gerald, Blatt, Sidney, Marcus, David, and Offer, Daniel

Some sort of a genetic model often pervades much of the theory about the etiology of mental illness. In one form or another, a major factor in the development of mental illness is seen as the pathological interaction between parents and child. In recent years, this emphasis on the pathological parent-child interaction has been made more explicit and stated more boldly in conceptualizations such as Hill's notions of the schizophrenogenic mother or in the double bind concepts of Bateson and Ruesch. The work of Ackerman on family dynamics and treatment, the work of Jackson on a lack of complementarity, Wynne's concept of pseudomutuality, and the work of Lidz and Fleck represent further attempts in the treatment and study of psychopathology from the vantage of disturbances in parent-child communication. Research within this framework has tended to be clinical in nature, and the present study is a descriptive attempt to examine some issues relevant to such views in a more systematic fashion. Specifically, we attempted to replicate the claim that mothers and their disturbed children understand one another more poorly than normal children and their mothers. Secondly, we examined the important question of whether such communication disturbances are specific to the mother and the disturbed child or occur with other non-disturbed children of the family as well.

Method

Subjects. In this research, we selected for study adolescent inpatients between the ages of 13 and 19 who came from intact families. They had "normal" parents and a "normal" adolescent sibling, normal meaning

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that they had no prior history of gross emotional disturbance. We were able to obtain 10 patients who met these criteria. The patients all were recently hospitalized, and in terms of broad diagnostic categories, five were considered neurotic and five psychotic. In nine of the families, both sibs studied were of the same sex, and in eight of the ten families, the patient was younger. Six of the patients were males. Ten control families also were selected for study. For each"hospitalized" family, a control family was obtained which was similar in income, age and education of parents, and number of children in the family. Further, each control family had the same sex adolescent children of approximately the same ages as a hospitalized family. Thus there was a matching between our hospitalized and control groups, but within this matching, we imperfectly controlled for the relative age and sex of our subjects. Analyses based on these factors suggested that they were not significant, and these factors, age and sex, will not be referred to in the main body of the presentation.

Method. To study patterns of understanding, an eighty item Q-sort was developed which contained ten items in each of eight areas. Half the items in each area were positively worded, the other half being essentially negatively worded complements. The areas were gleaned from George Gardner's and others' discussions of crucial issues in adolescent development.

Both children in a family were asked to describe themselves using the Q-sort. Mothers, using the same sort, were asked to describe the way they thought each of their children would describe themselves. We will refer to these as self-sorts. It is important to remember that the mothers did not describe the children as they saw them but were predicting the children's self sorts. Thus the correlation between child-mother self sorts provides a measure of the degree to which the mother was able to

take the role of each of her children.

Mothers also were asked to sort the cards to describe how they ideally would like each of their children to be. Each child in turn was asked to sort what he thought his mother ideally expected of him. Thus, we also had a measure of the child's capacity to assume the role of the mother and to understand her expectations, hopes, and demands for him.

Results

Table 1 presents a summary of the correlations between the children's self sorts and their mothers' predictions of them. We will first discuss the form of the table at length. The two left-hand columns show the median r's for controls, the two right-hand columns, the median r's for the hospitalized. The bottom row, Total, presents the median r's based on ten correlations for each column, and these four sets of ten correlations were analysed in terms of a Friedman two-way analysis of variance, the main effects being hospitalized-control and patient-sib. The other rows present medians based on five correlations, the neurotic-psychotic and patient-sib distinctions for the controls referring to the hospitalized families to which they were matched. The table reveals that the hospitalized mothers tended to predict both their children more poorly than the controls, and this tendency was most pronounced in the case of the mothers of psychotic patients.

Table 2 leads to a somewhat different trend. Here we consider the children's predictions of their mother's ideals for them. The Friedman analysis of variance revealed that the hospitalized patients, and not their sibs, tended to be unable to predict their mothers ideals. Further inspection of the table suggests that it was the psychotic patients primarily who were unable to do so.

The design of our Q-sort suggests one basis for these predictions, namely the the fact that half the 80 items were written in socially desirable terms. To assess this more directly, we constructed a "social desirability" or S-D Q-sort by averaging the scale values assigned to the 80 items by the 10 normal mothers in their 20 ideal sorts. This gave us a measure of what, at least, these "normal" mothers said was desirable, and the constructed sort reflected our positive-negative wording directly. Table 3, then, presents the correlations between S-D and the target sorts. Part I of Table 3 illustrates that the control children were describing themselves in S-D terms but that the hospitalized did not tend to do so, the sibs of neurotic patients tending to be an exception to this trend. Part II of Table 3 reveals that the hospitalized mothers, however, described their ideals like the control mothers did, namely in S-D terms, this lack of difference being all the more striking when one considers that the S-D by control mothers' correlations were part-whole correlations.

Table 4 thus reveals part of the basis of the predictions reported in Tables 1 and 2. In part I of Table 4, we see that it was primarily the psychotic patients who tended to describe their mothers' ideals in non-S-D terms, a pattern akin to that of Table 2 in which primarily the psychotic patients tended not to predict their mothers' ideal sort. In part II, we find a trend paralleling that reported in Table 1, the parallel being somewhat less exact. The control mothers tended to predict their children's sorts in S-D terms, mothers of neurotics did so for the sibs. whereas this tended not to happen with respect to the other types of hospitalized maternal sorts.

Discussion

These results suggest that the S-D factor was an important basis for the predictions. With respect to the controls, these results are not particularly edifying. Many have reported that there tends to be a high correlation between the probability of endorsement of self-report items and their independently scaled social desirability values. Moreover, these data shed no light on the question of whether these patterns reflect true characterizations or defensive attempts to maintain self-esteem.

However, the results for the hospitalized are interesting. For one, the mothers, like the controls, tended to expect S-D behavior of their children. While this may come as no surprise from the vantage of the social desirability literature, it clearly shows that these mothers are not "out of it" in the gross sense that is implied by some of the literature on schizophrenegenic mothering nor that they have different ideals as is sometimes suggested in the case of mothers' of neurotic children. Secondly, and perhaps more significantly, the sibs, as well as the patients tended to describe themselves in socially deviant terms. This, along with the mothers' failures in role-taking, suggests that there was a general family disturbance rather than a disturbance specific to a mother-child pair.

It would be most dangerous to go beyond the present level of interpretation. The study leaves many unanswered questions such as whether the observed patterns represent acute reactions to hospitalization of an adolescent or are chronic, and whether such inadequately controlled factors as relative age and sex are critical. But time permitting, we would like to make one brief venture into the realm of speculation and also point out how the present method can bear empirically on the difficult-to-pin-down speculations of the literature on adolescent psychopathology. We will do

so by presenting some of the intercorrelations between the sorts of one family which includes a psychotic boy--see Table 5. Comparable, but more attenuated patterns, were found in two other psychotic families. On the one hand, we can see the previous patterns recapitulated. Mother could not predict the boys, r=.17, r= -.07. The patient could not, but the sib could predict the mother, r= -.04, and r=.64. Further both boys described themselves differently than they described mother's ideals, r= -.01, r=.06, suggesting that they felt themselves to be "out of line." Mother, on the other hand, saw this to be true only for the patient, i.e., correlation between mother's prediction of patient's self sort and her ideal for him is .09, whereas for the sib, the comparable correlation is .55, suggesting that she might have been pleased with the sib. But she seemed in error for the patient's self sort correlated more highly with her ideal than does the sibs, r = .35, r = .10. To complete the story, let us look at the encircled correlation. This is the correlation between the patient's prediction of mother's ideal and the sibs self sort and it is .69. If we have not lost you in the welter of terms and numbers, this is a most striking fact. It, along with the previous correlations, suggests that the patient knew that (1) he was not what he ought to be, (2) his mother approved of his sib, and (3) mother wants him to be as his sib is. The latter is a seemingly accurate but unfortunate interpretation. On the other hand, his sib seemed to know what was going on but was somehow separated from the muddle. If these are fair interpretations, then we seem to have a rather clear example of one child trying to please his mother and being frightfully perplexed about how to do this in the face of mixed maternal messages and a second child who was neither confused nor trying to please. Thus, at least in this family, we do seem to have direct evidence in support of something like "double-binding" and muddled maternal communication as a factor in childhood emotional disorders.

Table 1

Median Correlations: Children's Self Sorts x Mothers' Predictions of Them

Groups	Controls		Hospitalized	
Sorts	P,MP[1]	S,MS	P,MP	S,MS
Neurotic	.60[2]	.59	.42	.41
Psychotic	.68	.68	.17	.12
Total	.64	.60	.30	.27

$\chi^2_{\pi} = 13.56$, $p < .01$, 3 df

[1] P - Patient's self sort
S - Sib's self sort
MP- Mother's prediction of P
MS- Mother's prediction of S

[2] $\pi_{0,.05} = .18$, $\pi_{0,.01} = .26$, 78df

Table 2

Median Correlations: Mothers' Ideals for Children x Children's Predictions of Them

Groups	Controls		Hospitalized	
Sorts	P,MP[1]	S,MS	P,MP	S,MS
Neurotic	.62	.60	.54	.56
Psychotic	.60	.66	.04	.63
Total	.61	.65	.22	.58

$\chi^2_{\pi} = 8.73$, $p < .05$, 3 df

[1] P - Patient's prediction of MP
S - Sibs' prediction of MS
MP- Mother's ideal for patient
MS- Mother's ideal for sib

Table 3

Median Correlations: "Social Desirability" (S-D) x
(1) Children's Self Sorts[1] and (2) Mothers' Ideal Sorts[2]

(1) Children

Groups	Controls		Hospitalized	
Sorts	P,[1] S-D	S,S-D	P,S-D	S,S-D
Neurotic	.51	.55	.02	.61
Psychotic	.56	.64	.04	.10
Total	.53	.60	.04	.23

$\chi^2_{\pi} = 12.84$, $p < .01$, 3 df

(2) Mothers[2]

Neurotic	.81	.77	.69	.70
Psychotic	.77	.77	.72	.77
Total	.80	.77	.70	.75

$\chi^2_{\pi} = 5.04$, $10 < p < .20$, 3 df

[1] P - Patient's self sort
S - Sibs self sort
MP-Mother's prediction of P
MS- Mother's prediction of S

[2] P - Patient's prediction of MP
S - Sib's prediction of MS
MP - Mother's ideal for Patient
MS - Mother's ideal for Sib

Table 4

Median Correlations Between "Social-Desirability" sort (S-D) and (1) Children's "Ideal" sorts[1] and (2) Mother's "Self" Sorts[2]

(1) Children

Groups	Controls		Hospitalized	
Sorts	P,[1]S-D	S,S-D	P,S-D	S,S-D
Neurotic	.74	.65	.65	.63
Psychotic	.63	.69	.04	.68
Total	.69	.65	.25	.65

$\chi^2_R = 7.56,\ .05 < p < .10,\ 3df$

(2) Mother's[2]

Neurotic	.64	.31	-.18	.54
Psychotic	.61	.51	.07	.22
Total	.62	.39	-.06	.33

$\chi^2_R = 15.51,\ p < .01,\ 3\ df$

[1] P - Patient's prediction of MP
S - Sib's prediction of MS
MP- Mother's ideal for patient
MS- Mother's ideal for Sib

[2] P - Patient's self sort
S - Sibs self sort
MP-Mother's prediction of P
MS-Mother's prediction of S

Table 5

Correlations Between Sorts of a Family With A Psychotic Male Adolescent

	Sorts							
	Self				Ideal			
Self	P	S	MP	MS	P	S	MP	MS
P								
S	-.05							
MP	.17							
MS		-.07	-.05					
Ideal								
P	-.01	.69						
S		.06						
MP	.35		.09		-.04			
MS		.10		.55		.64	.38	